



**TOWN OF MENDON  
BOARD OF HEALTH**

20 Main Street

Mendon, Massachusetts 01756

Telephone: (508) 634-2656      Fax: (508) 478-8241

E-mail address [boh@mendonma.gov](mailto:boh@mendonma.gov)

**Instructions for Septic Haulers Permit**

Anyone planning to work in the Town of Mendon must submit the following

1. Septic Haulers application
2. \$100.00 license fee (check made payable to the Town of Mendon)
3. Sign requirements for septic haulers
4. Sign REAP form
5. Current copy of OFFAL permit from town that sewage is dumped
6. Current copy of workers' compensation insurance with Mendon Board of Health listed as certificate holder
7. Current copy of liability insurance with Mendon Board of Health listed as certificate holder
8. REAP form
9. Workers' Compensation Insurance Affidavit: General Business form must be filled out completely.

Applicants may either mail their information or apply in person at the Board of Health office. The office hours are Monday thru Wednesday 7:30 a.m. – 4:00 p.m. Thursday 7:30 a.m. – 3:00 p.m. Permits issued at this time will expire December 31, of the current year.

Prior to any pumping of a system you must contact the office to verify your license is up to date.



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## **Application for Septic Hauler Permit**

Fee \$100.00

Date \_\_\_\_\_, 20\_\_\_\_

In accordance with M. G. L. c. 111, Section 31 B and 310 CMR 15.402 (Title V) the undersigned makes application to the Board of Health for permission to remove and transport septage and the contents of privies and cesspools as set forth below:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Company

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/Town

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Telephone Number

### **Please check all that applies**

Portable Toilets ☐    Portable Toilets/Pumping of Systems ☐    Pumping of Systems ☐

### **Number and Types of Equipment and their gallon capacity:**

\_\_\_\_\_  
Number

\_\_\_\_\_  
Type

\_\_\_\_\_  
Capacity of Truck

\_\_\_\_\_  
Number

\_\_\_\_\_  
Type

\_\_\_\_\_  
Capacity of Truck

\_\_\_\_\_  
Number

\_\_\_\_\_  
Type

\_\_\_\_\_  
Capacity of Truck

List all locations where septage will be disposed and include a copy of the OFFAL permit of the city/town you are disposing in.

### **Certification**

I certify that the information I have provided above is true and accurate. I recognize that it is a violation of this permit to dispose of septage anywhere other than the identified disposal location or other approved of the Board in writing as an amendment to this permit.

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

### **Requirement for Septic Haulers**

Effective November 1, 2012, the Mendon Board of Health implemented a new requirement for septic haulers/septic pumpers that have been granted OFFAL permit.

This requirement, has become a local amendment to the Title V regulation 310 CMR 15.502 (7), will make it mandatory for septic haulers, with OFFAL permits, to submit pumping records on a monthly basis. These pumping records will be due on the last day of each month and can be submitted to the Board of Health either in person, via postal mail or via electronic mail.

Furthermore, if no septic hauling/pumping has been performed, by any septic hauler/pumper holding an OFFAL permit, the septic hauler shall submit, to the Board of Health, a written notice stating that no septic hauling/pumping has been done for that specified time period. This notice can be submitted either in person, via postal mail or electronic mail.

Failure to comply with this Board of Health requirement will result in an automatic \$100.00 fine. If the fine is not paid and the required records/notices are not received before the next posted Board of Health meeting, the Board of Health may opt to suspend or revoke the OFFAL permit, until such time when the septic hauler/pumper has come into compliance.

**The undersigned agrees that he/she has read and understands the above information and also agrees to abide by it.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### **Revenue Enforcement and Protection (REAP) Attestation**

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

\_\_\_\_\_  
\*Signature of Individual or Corporate Name (Mandatory)

\_\_\_\_\_  
By Corporate Number (Voluntary) or Federal Identification Number

\_\_\_\_\_  
\*\*Social Security Number (Voluntary) or Federal Identification Number

\*This license will not be issued unless the certification is signed by the applicant

\*\*Your Social Security number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquent will be subject to license suspension or revocation. This request is made under the authority of Massachusetts General Law c. 62C s. 49A.